

## Maleny State School Prep Parent Questionnaire

Child's Name:	Date of Birth: ___/___/___
Mother's Name:	
Father's Name:	
• Is your child the <input type="checkbox"/> youngest <input type="checkbox"/> eldest <input type="checkbox"/> middle child in your family?	
• Who are the people your child lives with?	
• Are both parents Emergency Contacts?	
• Are both parents to receive Correspondence?	
• Have there been any recent changes in your family – new house / baby / marriage / divorce / death?	
<b><i>Physical development</i></b>	
• Was your child born at full term? <input type="checkbox"/> Yes <input type="checkbox"/> No If premature, how early?	
• Did your child have a normal/difficult birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• At what age did your child crawl?	Walk?
• Has your child had any serious illnesses, operations or accidents? <input type="checkbox"/> No <input type="checkbox"/> Yes,	
• Does your child still have a daytime rest/sleep? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Can your child toilet themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Do you have any concerns about your child's development? Please give details.	
<b>Eyesight</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hearing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Speech</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Physical Coordination</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>Language Development</i></b>	
• If not English, what is the main language spoken at home?	
• At what age did your child start to talk?	
• How well does your child listen and follow instructions?	
<b><i>Social/Emotional Development</i></b>	
• How does your child react when you leave them in someone else's care?	
• How do you think your child will react to starting Prep?	

